

FFM Appeals

Agenda

- **Eligibility Appeals**
- **Role of Assister**
- **Appeals Process**
- **Resources**
- **Questions**

Eligibility Appeals

What Can be Appealed

- Eligibility to buy a Marketplace plan.
- Eligibility to enroll in a Marketplace plan outside of Open Enrollment.
- Eligibility for an advanced premium tax credit
- Cost Sharing Reduction (CSR) amount
- Exemption from having to pay the fee for not having coverage (Individual Mandate)
- Marketplace application that has not been acted on with reasonable promptness that precluded timely notice of an eligibility determination.
- The appeal decision of a state-based appeals entity or the refusal of a state-based appeals entity to vacate dismissal of an appeal request (that is, to reinstate the appeal).

Important: You must request an exemption from the requirement to have health coverage by filing an exemption request with the Marketplace or the IRS (depending on the type of exemption).

If the Marketplace denies your request, you can appeal the denial by using the Eligibility Appeals process

If the IRS denies your request, you must appeal through them.

Visit **IRS.gov** for more information about what to do if you disagree with an IRS exemption denial or want to file an appeal with the IRS. For more information about exemptions, visit **HealthCare.gov/exemptions**.

Eligibility Appeals

Important information to consider when requesting an appeal:

- Generally consumers are allowed 90 days to request an appeal with the Marketplace from the date of Eligibility Notice.
- Consumers can appoint an Authorized Representative to help with their appeal. That person can be a friend, relative, lawyer, or other individual.
- If a consumer requests an appeal, they may be able to keep their eligibility for coverage while the appeal is pending.
- The outcome of an appeal could change the eligibility of other members of the household even if they don't ask for an appeal.

Eligibility Appeals

Medicaid and CHIP Appeals

- The state of Kentucky is an assessment state on the FFM. This means the FFM assesses eligibility for MAGI-related Medicaid and CHIP. The state Medicaid agency makes the final eligibility *determination* and aggrieved consumers may appeal through the state process.
- Non-MAGI-Related Appeals. The FFM does not render eligibility determinations for non-MAGI-related Medicaid. If a state Medicaid agency denies non-MAGI Medicaid, aggrieved consumers may appeal through the state's Fair Hearing process.

Families and Children Administrative Hearings Branch
105 Sea Hero Road Suite 2
Frankfort, KY 40601
Phone: (502) 564-3140
Fax: (502) 573-1014

The CHFS Families and Children Administrative Hearings Branch schedules administrative hearings conducted by hearing officers in many diverse programs and services provided participants by CHFS such as Medicaid including initial and ongoing eligibility for medical benefits, eligibility as a permanent and totally disabled individual and monthly personal obligation for cost of nursing facility care

Eligibility Appeals

Assister Role in Appeals

The Assister Role is limited to activities that help consumers understand the process of filing Exchange eligibility appeals, and does not include a requirement to help consumers through the Exchange eligibility appeals process

- Help consumers know and meet the deadline for appealing an Exchange eligibility determination
- Help consumers understand that they have a right to appeal eligibility determinations (including SHOP)
- Help consumers understand the process of appealing eligibility determinations and what steps to take to complete an appeal
- Help consumers access resources, such as appeal request forms and mailing addresses for appeals
- Provide consumers with information about free or low-cost legal help in their area, including local legal aid or legal services organizations and other State offices to help with the eligibility appeals process.
- Assistance may also include helping consumers collect supporting documentation for an appeal (such as screenshots of relevant information from the online application).

Help with Appeals

Authorized representative

Consumers can designate a representative to help file their appeal. An authorized representative can file an appeal on the clients behalf (with their consent) or just help with the appeal. An Authorized representative can be a family member, friend, advocate, attorney, or someone else who will act for the consumer.

- Consumers can designate an authorized representative one of 2 ways:
 - 1. Complete the Authorized Rep form: <https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf>
 - 2. Submit a written request with their appeal, and mail it to:
Marketplace Appeals Center
P.O. Box 311
Pittston, PA 18640

If a consumer submits a written request, they should include:
name, address, and phone number, case/record/request/file number, and a statement appointing someone as their representative. The name, address, and phone number of the representative, the professional status of the representative or their relationship to the consumer. A statement authorizing the release of personal and identifiable information to the representative. A statement explaining why they are being represented, the representative's signature and the date they signed the request.

How to Appeal

- Download an Appeal request form from [healthCare.gov](https://healthcare.gov) and complete the form.

HealthCare.gov/marketplace-appeals/appeal-forms/

OR

- Write a letter explaining the reason for the appeal request

THEN

- Mail completed form or letters to:

Health Insurance Marketplace

Attn: Appeals

465 Industrial Blvd.

London, KY 40750-0061

OR

- Fax your appeal request to 1-877-369-0129.

How to Appeal

Forms can be printed from HealthCare.gov

Appeal forms are PDF documents and are divided by state.

<https://www.healthcare.gov/marketplace-appeals/appeal-forms/>

HealthCare.gov

Individuals & Families Small Businesses

Get Coverage Change or Update Your Plan Get Answers See Topics

appeals SEARCH

How to appeal a Marketplace decision

Appeal forms

Decisions you can appeal

Your eligibility notice

How to appeal your Marketplace eligibility

Appeal forms

After you file an appeal

Expedited appeals

Getting help filing an appeal

Decisions employers can appeal

Locate your state below and use the form indicated when filing a Marketplace appeal.

[Appeal Request Form for the following states \(PDF\):](#)

- Alabama
- Alaska
- Arkansas
- Louisiana
- Montana
- New Jersey
- Tennessee
- West Virginia
- Wyoming

Health Insurance Marketplace

Instructions to help you complete the Marketplace Eligibility Appeal Request Form

Form Approved OMB No. 0938-1213

05/2016

Use the right form to request an appeal

Complete and mail the correct request form for your appeal.

- Use this form in the following states and the District of Columbia: California Idaho Minnesota Vermont Colorado Kentucky New York Washington Connecticut Maryland Rhode Island Massachusetts District of Columbia
- Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to:
 - Get an appeal request form for other states.
 - Learn more about Marketplace appeals.
- If you have an immediate need for health services and a delay could seriously jeopardize your health, you can ask for an expedited (faster) appeal review. See Section 4.
- El Formulario para Apelar la Elegibilidad del Mercado está disponible en español. Para más información visita, [CuidadoDeSalud.gov/es/marketplace-appeals](https://www.CuidadoDeSalud.gov/es/marketplace-appeals).
- To appeal Small Business Health Options Program (SHOP) eligibility, visit [HealthCare.gov/marketplace-appeals/shop-decisions/](https://www.healthcare.gov/marketplace-appeals/shop-decisions/).

Timeframe to request an appeal

If you requested an appeal through your State-based Marketplace and you disagree with its decision, or you disagree with its denial of your request to vacate a dismissal of your appeal, you must submit your appeal request **within 30 days** from the date on your State-based Marketplace notice.

If the Health Insurance Marketplace denied your request for an exemption from paying the fee for not having health coverage, you must submit your appeal request **within 90 days** of the date on your Marketplace Eligibility Results notice. (This type of appeal isn't available in Connecticut.)

How to submit this form

Complete and sign this form, and mail it with **copies** of any supporting documents to the address shown below.

Health Insurance Marketplace
Dept. of Health and Human Services
465 Industrial Blvd.
London, KY 40750-0061

You may also fax the form to a secure fax line: 1-877-369-0129.

You'll receive all future correspondence about this appeal from the Marketplace Appeals Center. The Marketplace Appeals Center is different from the Marketplace which provided your eligibility determination.

What happens next?

1. We'll send you a notice letting you know that we received your appeal request. If there's a problem, like if it's missing information or we need clarification, we'll tell you what's missing and how you can provide additional information.
2. We'll review your appeal, including all documentation you have provided. We may contact you to request additional information or to discuss your appeal.
3. We may ask if you want to resolve your appeal informally. If you're satisfied with your informal resolution, you'll get an informal resolution decision in the mail.
4. If you're not satisfied with your informal resolution, you can ask us to schedule a hearing for your appeal. Most hearings are held over the phone. If you don't attend your hearing, your appeal will be dismissed.
5. After your hearing, you'll get a final appeal decision.

Appeal Records

Consumers should keep copies of all information related to their appeal.

This includes paperwork, notes from phone calls, and any other documentation that's sent to them or that the consumer sends to the Marketplace or the insurance company.



After Filing an Appeal

After an appeal is filed the consumer will get a letter that tells them the Marketplace has received their appeal.



- If the Marketplace accepts the appeal, the consumer will be sent an acknowledgement letter that describes the next steps in the appeals process and includes instructions for submitting additional material for consideration, if necessary. Includes their **appeal number**, which uniquely identifies their case
- While the Marketplace processes the appeal, they may call the consumer or send a letter asking for more information or documentation (like a copy of your passport).
- The Marketplace will call to explain the informal resolution and will then send a notice in the mail explaining it.
- In general, the Marketplace must tell consumers of their decision and mail their response within 90 days of when they received the appeal.

After Filing an Appeal

After appeals are submitted, the Marketplace Appeals Center can answer appellants' questions about their appeal

- Call 1-855-231-1751. (TTY users should call 1-855-739-2231)

If a consumers appeal isn't accepted because it wasn't filed in a timely manner, they will get a notice that the appeal was dismissed. If the appeal isn't accepted for any other reason, a company that handles Marketplace appeals (Maximus) will mail a letter explaining why the appeal wasn't accepted and what is needed to fix the appeal.

Urgent Appeals

Urgent Health Situation

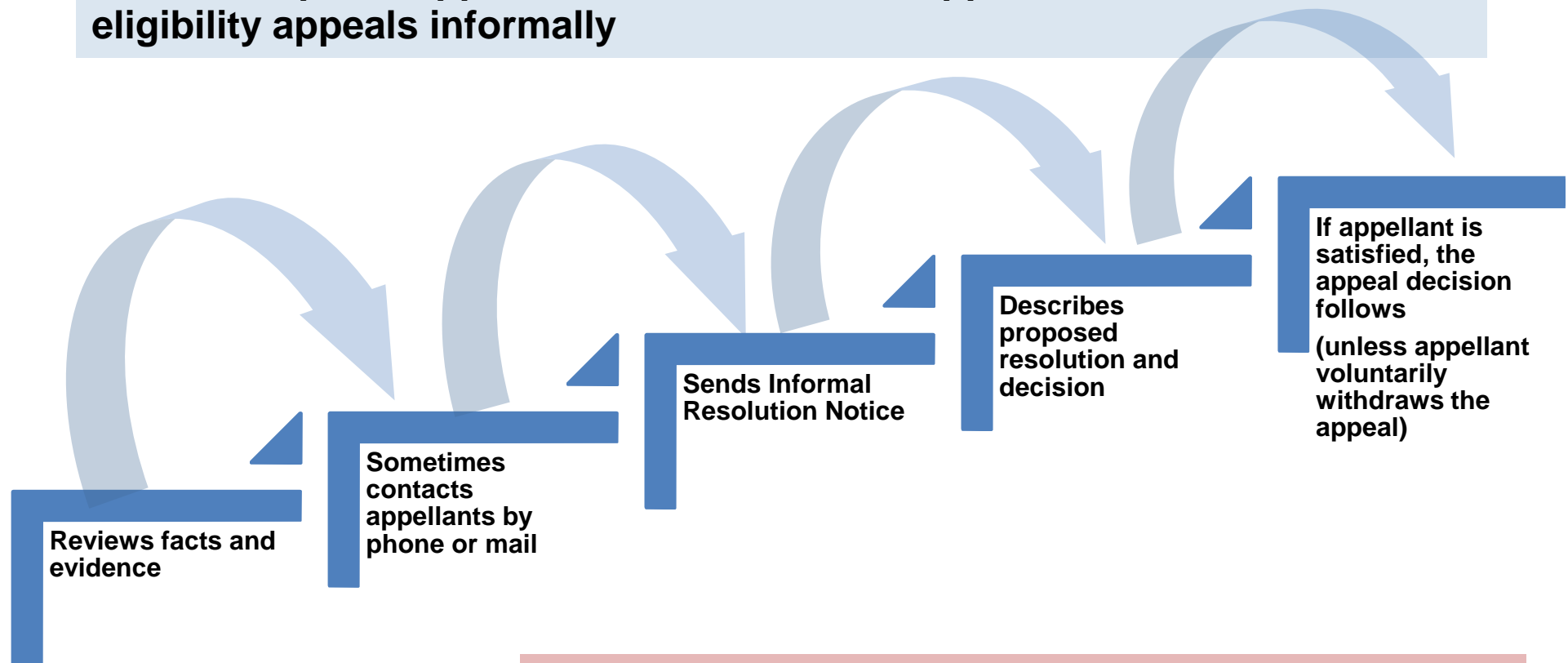
If the time needed for the standard appeal process would jeopardize a consumer's life, health, or ability to attain, maintain, or regain maximum function, they can ask for an expedited appeal



- Write on the appeal request form that the appeal needs expedited and explain why.
- The request to expedite an appeal should explain how a standard appeal would jeopardize the life, health, or ability to attain, maintain, or regain maximum function.
- The request to expedite an appeal will be processed and a decision will be made as quickly as possible.

Appeal Resolution

The Marketplace Appeals Center works with appellants to resolve eligibility appeals informally



Appellants who aren't satisfied may request a hearing

Appeals Hearing

Appellants who aren't satisfied may request a hearing

- Hearings are more formal
- 15-day written notice prior to the hearing date
- Conducted by telephone
- Presided by a Federal Hearing Officer
- Appellants and any witnesses are under oath
- After the hearing concludes, the Federal Hearing Officer carefully considers all evidence and testimony of the appellant and any witnesses
- The Hearing Officer makes the eligibility appeal decision
- The decision is mailed to appellant within 90 days from the receipt date of the appeal request or as administratively feasible
- The decision is final and binding
- May be subject to judicial review

Appeal Resolution

The decision is then implemented

If the decision finds the contested eligibility determination was incorrect when it was made by the Marketplace, the appellant may decide to have the decision implemented retroactive back as far as the date the contested eligibility determination should've gone into effect



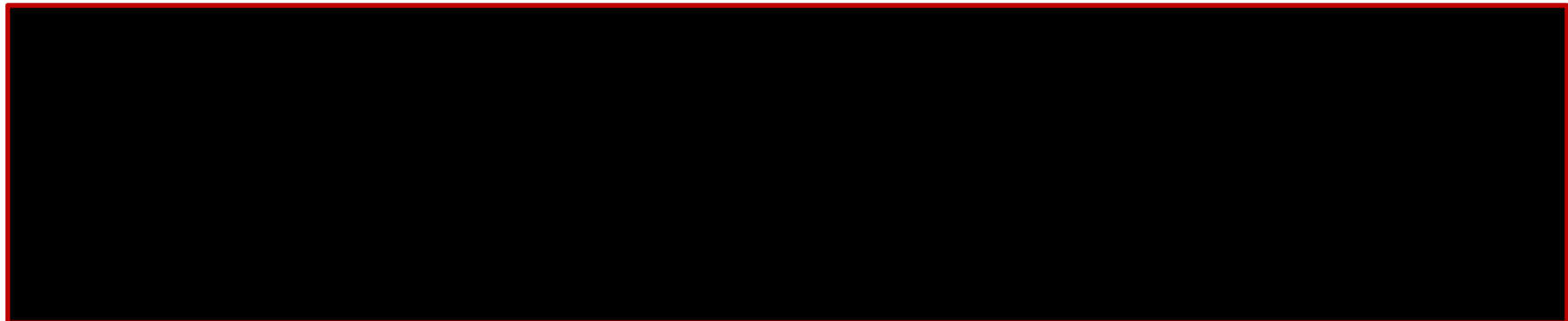
Effectuation of Eligibility Appeal Decisions

As a part of retroactive effectuation of eligibility appeals decisions

A Marketplace plan may owe an appellant a refund if :

- They had paid Marketplace plan premiums to the plan before the appeal was decided, and
- They're now eligible for a larger premium tax credit and/or lower copayments, coinsurance, and deductibles as a result of the appeal

OR



Help with Appeals

Resources available to consumers for help with an appeal **Department of Insurance**

800-595-6053 (Kentucky residents only) or 502-564-6034
Ask to speak to a consumer complaint investigator.

Kentucky Department of Insurance
Consumer Protection Division
P.O. Box 517
Frankfort, KY 40602

Online: http://insurance.ky.gov/Home.aspx?Div_ID=4

The Marketplace Appeals Center

1-855-231-1751
TTY users should call 1-855-739-2231

Appeals Resources



- <https://www.healthcare.gov/downloads/marketplace-appeal-request-form-s.pdf>
- <https://www.healthcare.gov/marketplace-appeals>
- <https://marketplace.cms.gov/technical-assistance-resources/training-materials/marketplace-eligibility-appeals.pdf>